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Kingston Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 16 July 2015 as part of our regulatory functions, where a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We followed up on our inspection of 16 July 2015 to check that they had followed their plan

and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. We have not revisited Kingston Dental Practice as part of this review because the dental practice was able to demonstrate that they were meeting the standards without the need for a visit.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Dental Practice on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

The focused inspection concentrated on the key question of whether or not the practice was well-led.

We found that this practice was now providing well-led care in accordance with the relevant regulations by:

- Establishing an effective system to assess, monitor and improve the quality and safety of the services provided
- Establishing an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors
- Ensuring that their audit and governance systems were effective

At our previous inspection we found measures to improve quality of service such as audits of X-rays had not been carried out and an infection control audit due in February 2015 had not been completed. The practice sent us evidence for our review showing that they had undertaken audits of X-rays and now ensured that the reason for taking the X-ray and quality of the X-ray was always recorded in the patients care records as recommended in Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) guidance, as well as undertaking an infection control audit. Learning had been shared with all staff and a rolling programme of re-audit scheduled.

At our previous inspection we also found that staff were not following relevant protocols in the cleaning of instruments. The practice sent us evidence that a Legionella risk assessment had been undertaken and that staff training had taken place. As a result the practice was now achieving recognised requirements and guidance.

Other findings related to electronic MHRA alerts, which the practice did not receive routinely and had now been introduced: regular checks were not being made of the expiry dates of emergency medicines and the practice lacked some of the recommended equipment to manage medical emergencies. These had been purchased and the practice was able to evidence the check of emergency medicines on a weekly basis. We also found there were gaps in the recruitment process which the practice had addressed in readiness for any future recruitment which also included a revised process in the recruitment of agency staff when applicable. The practice was also able to evidence they had undertaken a re-assessment and review of the Fire Risk Assessment undertaken April 2013 which at our inspection of 16 July 2015, we found had not been reviewed on annual basis as recommended.

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Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a review of this service on 01 February 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 16 July 2015 had been made.

We reviewed the practice against one of the five questions we ask about services: is the service well - led? This is because the service was not previously meeting one of the legal requirements.

The review was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

During our review, we spoke with the principal dentist and checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- The infection prevention and control audits undertaken August 2015 and January 2016
- Summary of the Record Keeping and X-ray Audit undertaken 2015
- Legionella Risk Assessment and Certificate
- Evidence of courses attended
- The template for checking emergency medicines
- Confirmation of purchase of portable suction machine and AED (automated external defibrillator)
- Confirmation of Hepatitis B immunisation for the dental nurse
- Staff meeting agendas (August 2015 – January 2016)
- Log Book of received MHRA alerts, noting any action required
- Staff Personnel Record Template for recruitment and training
- Fire Risk Assessment
- Practice Business Continuity Plan and emergency contact numbers

Are services well-led?

Our findings

At our previous inspection on 16 July 2015, we found that the practice did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

As part of our review on 01 February 2016, the provider sent us evidence showing that an infection control audit, which had met the relevant criteria had been undertaken in August 2015, with a further audit, January 2016 and with a six-month re-audit scheduled as part of a newly introduced rolling programme. Staff had also attended training on dental X-Rays and were applying the relevant guidelines on how to improve writing the X-ray report on patient's records. When the X-ray audit was undertaken, we were told it demonstrated that there had been a significant improvement in the recording of X-ray reports in patient notes to ensure accurate and contemporaneous clinical patient records are always maintained, including gaining consent. This was scheduled for re-audit at the end of February 2016. Staff had been involved in both previous audits, learning shared across the practice and the principal dentist, as named responsible person, had taken the lead on audit.

Our findings had also identified that there was the need to ensure staff were following relevant protocols in the cleaning of instruments. The principal dentist sent us evidence that a Legionella risk assessment had been successfully undertaken with an identified follow-up date; and that the dental nurse had attended a course on Waterline disinfection and cross infection which also included a 6 month follow up that had been booked in advance. Other training included in-house supervision and a process of mentorship with another practice. The dental nurse had also passed the theory part of National Board Dental Nursing Course which covered Cross Infection. The cross infection audit demonstrated the practice had met recognised requirements and all learning had been shared with practice staff.

Other findings related to electronic MHRA alerts, which the practice did not receive routinely and had now been introduced, although the principal dentist advised they had not yet received an alert that directly related to dental practices. We were, however, given assurance that any

relevant alerts arising would be shared with staff either immediately depending on the severity of the alert or at the next staff meeting and when any resulting change in practice was introduced.

We found that regular checks were not being made of the expiry dates of emergency medicines, checks had been set up on a weekly basis signed by the named responsible person. We were also advised that guidelines by the Resuscitation Council had been discussed at the regular staff meeting, to update and review staff knowledge, and that the principal dentist had attended course on resuscitation in December 2015 which the dental nurse was scheduled to attend, March 2016.

At the inspection we noted the practice lacked some of the recommended equipment to manage medical emergencies namely a portable suction and an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The portable suction was ordered and received 03 February 2016 and the automated external defibrillator was due 05 February 2016. Both pieces of equipment are to be located next to emergency kit and the principal dentist has ensured all staff are aware of its location (including any temporary staff) and have signed their confirmation of this. The principal dentist also advised of her attendance at an annual course in the use of the defibrillator (2014 and 2015) with a view to teaching this to practice staff.

We also found there were gaps in the recruitment process which the practice had addressed in readiness for any future recruitment which also included a revised process in the recruitment of agency staff when applicable.

The practice was also able to evidence they had undertaken a re-assessment and review of the Fire Risk Assessment undertaken April 2013 which we found at our inspection had not been reviewed annually as recommended. No concerns were identified. This had also been discussed at staff meeting and an annual review scheduled for September 2016. Furthermore a weekly/monthly risk assessment had been implemented.

The practice also assured us that they had undertaken a number of other improvements following our inspection which included the development of a Business Continuity Plan for natural disaster and accompanying policy to

Are services well-led?

support implementation. This too had been discussed at the staff meeting and we were advised that the policy and necessary contact information is now clearly displayed on the staff notice board for ease of access and regular risk assessments have been set up.

The principal dentist will assume overall responsibility for ensuring ongoing audit review, evaluation and improvement of service provision and the subsequent sharing amongst all the members of staff to ensure they are all aware of their responsibilities in relation to areas identified.

In summary, following our review on the 01 February 2016 we were given assurances that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients; had established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors and could now evidence that their audit and governance systems were effective. All learning had been shared with staff to ensure ongoing improvements continue to be made.